Name in Full — Addison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: A A Co Md

Date of death: Month: Jan — Day: 26 — Year: 1905

Age — Years — Months — Days

Sex: Male — Color or Race: Color — Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: 28 South St

Married, Single or Widowed

Name of Wife or Husband

Father's Name: William Addison — Father's Birthplace: Annapolis

Mother's Maiden Name: Bessie Adams — Mother's Birthplace: Annapolis

Name of person giving information: moth — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Still-born~~ Contracted pelvis of mother — How long: 4 days

Immediate: Asphixiation — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph L. Johnson

Address: 66 Cathedral St.

Accident or Suicide? Still born

LIBRARY BUREAU A66616

Name in Full: Harry S Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: Month: Jan — Day: 13 — Years: 3 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Anne Arundel Co

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sallie E Anderson

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Harry S Anderson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Bronchitis Death — How long:

167

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John N Dorr
acting Coroner
Annapolis MD

Address:

Accident ~~or Suicide~~?

LIBRARY BUREAU A86016

Name in Full: Mary Ellen Boardley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lothian; County: Anne Arundel

Date of death: Month: Jan.; Day: 3; 190 6

Age: Years: ~~Four~~; Months: Two; Days: 2 D

Sex: Female

Color or Race: Negro

Birthplace: Anne Arundel

Occupation: —

Where Residing If not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John Boardley

Father's Birthplace: Calvert Co.

Mother's Maiden Name: Ellen Grose

Mother's Birthplace: Calvert Co.

Name of person giving Information: John Boardley

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho-Pneumonia — How long: 10 days

Immediate: Respiratory failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address: Maclam Cawood M.D. Register West River Md

Accident or Suicide?

PHYSICIAN OR CORONER

(1)

LIBRARY BUREAU A88818

320
S-8

320

Name in Full: Springfield Boston

CERTIFICATE OF DEATH

Died at (City) Waterbury (County) Anne Arundel MARYLAND

Date of death 1905 Month Jan Day 10 Age Years 14 Months 9 Days —

Sex Male Color or Race African Birthplace Waterbury

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name David Boston Father's Birthplace Waterbury

Mother's Maiden Name Isabella Monroe Mother's Birthplace Waterbury

Name of person giving Information John T Diggs How related to deceased Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid Fever How long Don't know

Immediate Ulcerat Perforation of Bowels How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J W DuBois M.D.

Address Gambrills Md

Accident or Suicide?

(1)

LIBRARY BUREAU A6816

Name in Full: Mary E. Boyd

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis (Town) Anne Arundel (County)

Date of death: 1905 Jan. 21 (Month, Day)

Age: 54 Years 4 Months 21 Days

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death: [illegible]

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Sarah E. Jackson

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion

How long: Several hrs

Immediate: Heart Failure

How long: 10 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Pidotti M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

1

LIBRARY BUREAU A88818

Name in Full: Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Ant

Date of death 1905: Month: Jan — Day: 29th

Age: Years — Months — Days

Sex: Female — Color or Race: Colored — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Brown — Father's Birthplace: Annapolis

Mother's Maiden Name: Charlotte Parker — Mother's Birthplace: Annapolis

Name of person giving information: Father — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Malissa Brown

Address: Midvale Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Delilah Bandell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fowler's — County: Ast

Date of death: Month: Jan — Day: 23 — 190 3

Age: Years: 64 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: Ast bo

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Samuel Bandell

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: — How related to deceased:

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of the Stomach Exhaustion — How long: 6 Months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Elliott M.D.

Address: Ast Md

Accident or Suicide?

LIBRARY BUREAU A888I6

Name in Full Noah Chisley

Certificate of Death

Town Woodsboro County Anne Arundel

Died at MARYLAND

Date 189 Jany Month Day 23 | Y. 65 M. D. | Native of Md. | Occupation Stonemason

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living Two

Husband of Wife Maria Chisley

Father's Name I dont know

Mother's Name I dont know

Cause of Death: Primary Cardiac Dyspepsia

How long sick Two months

Immediate

Accident, Suicide, Homicide

Reported by Sam'l. Anderson M. D.

Address Woodsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

5-1-11

Name in Full: Julius Cooper Alias Lots Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Annapolis County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1905	Month: June	Day: 27	Age: 57	Years	Months / Days
Sex: Male	Color or Race: Colored		Birthplace: Annapolis		
Occupation: Laborer	Where Residing if not at place of death: Annapolis				
Married, Single or Widowed: Married	Name of Wife or Husband: Mary E. Cooper				
Father's Name: Wm Taylor			Father's Birthplace: Annapolis		
Mother's Maiden Name: Sarah Cooper			Mother's Birthplace: Adco.		
Name of person giving information: Mary E. Cooper			How related to deceased: Wife		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Strangulation	How long: 12 min
Immediate: From person	How long:
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: J. Murphy
	Address: Annapolis
Accident or Suicide?	

LIBRARY BUREAU A88815

Name in Full: Giuseppe Del Balzo

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1905 — Month: January — Day: 30

Age — Years: 0 — Months: 10 — Days:

Sex: Boy — Color or Race: White — Birthplace: Annapolis

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Pasquale Del Balzo — Father's Birthplace: Italy

Mother's Maiden Name: Luisa Ciofi — Mother's Birthplace: "

Name of person giving In formation: P. Del Balzo — How related to deceased:

CAUSES OF DEATH

Primary: Bronchitis — How long: 3 or 4 days

Immediate: Asphyxia — How long: few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Oliver Purvis

Address: 104 Prince Geo St, Annapolis, Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Mrs Charlotte Cully

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel; MARYLAND

Date of death: Month: January; Day: 4; 1905

Age: Years: 35; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation: Domestic

Where Residing if not at place of death: Market St.

Married, Single or Widowed: married

Name of Wife or Husband: Norman Cully

Father's Name: John C. Basseu

Father's Birthplace: Va

Mother's Maiden Name: Charlotte Maynard

Mother's Birthplace: Va

Name of person giving information: Norman Cully

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma — 45 — How long —

Immediate: Exhaustion — How long —

Are the name, age, sex, color, date and place correctly given above? Yes, So far as I Know

Signature of Physician: W. Clement Claude M.D.

Address: 93 St. John St. Annapolis Md.

Accident or Suicide?

1

LIBRARY BUREAU A88016



Full

Willie Curry.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Annapolis County: A. A. Co.

Date of death: Month: Jan. Day: 16 1905 Age: Years: 26 yrs. Months: Days:

Sex: Female Color or Race: White Birthplace: A. A. County.

Occupation: — Where Residing If not at place of death:

Married, Single or Widowed: Single. Name of Wife or Husband: none

Father's Name: William Curry. Father's Birthplace: Belfast Ireland

Mother's Maiden Name: Emily Gardner. Mother's Birthplace: St. Marys Co. Md.

Name of person giving Information: William Curry. How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: 3 mos.

Immediate: Exhaustion How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. Wilde.

Address: Annapolis. Md.

Accident or Suicide? No.

LIBRARY BUREAU A86616



Name in Full: Ann Elizabeth Decker.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1905: Month: Jan; Day: 6

Age: Years: 69; Months: —; Days: 25

Sex: Female; Color or Race: White; Birthplace: Lima, N.Y.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Widow.; Name of Wife or Husband: —

Father's Name: Merriman Gore.; Father's Birthplace: N.Y.

Mother's Maiden Name: Sarah Yale.; Mother's Birthplace: Conn.

Name of person giving Information: Benton C. Decker; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart; How long: Three years

Immediate: Cerebral Embolus; How long: Twelve hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E R Stone

Address: Naval Academy.

Accident or Suicide?

LIBRARY BUREAU A33016

Name in Full: Madara Diggs

CERTIFICATE OF DEATH

Died at: Town: Annapolis — County: A A Co Md — MARYLAND

Date of death: Month: Jan 5 — Day: 5 16 — Age: Years — Months: 10 — Days:

Sex: girl — Color or Race: Color — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: 9 Monument St

Married Single or Widowed: — Name of Wife or Husband:

Father's Name: Davis Diggs — Father's Birthplace: Virginia

Mother's Maiden Name: Mard Jones — Mother's Birthplace: Maryland

Name of person giving Information: Mard Jones — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout Md

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A66616

Name in Full: Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1903 — Month: Jan — Day: 25th

Age — Years: 1 — Months: 1 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Henry Dorsey — Father's Birthplace: Md

Mother's Maiden Name: Susanna Reed — Mother's Birthplace: Annapolis

Name of person giving Information: Mother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still-born S. — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ricordell Jr

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Howard Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baltimore — County: Anne Arundel

Date of death 190 8: Month: Jan — Day: 20th — Age: Years: 55 — Months: — — Days: —

Sex: Male — Color or Race: Col. — Birthplace: U.S.A. Co

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Lue Dorsey

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: E. H. Joyce — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident — How long: Some days

Immediate: Shock — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. W. Redeaux

Address: St. Marquets

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Emma H DuBois

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gambrills; County: Anne Arundel; MARYLAND

Date of death 1905: Month: January; Day: 20; Years: 63; Months: 6; Days: 25

Sex: female; Color or Race: White; Birthplace: Shandaken Ulster Co N.Y.

Occupation: House Wife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Dr J W DuBois

Father's Name: Isaac Smith; Father's Birthplace: Shandaken New York

Mother's Maiden Name: Christiana Cline; Mother's Birthplace: Green County N.Y.

Name of person giving In formation: Jeie C.T. Reynolds; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe & Pneumonia; How long: 6 Weeks

Immediate: Paralysis; How long: 12 hours

10

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

Accident or Suicide?

1

LIBRARY BUREAU A66818

Name in Full — Evans.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundell; MARYLAND

Date of death 1905: Month: January; Day: Monday; Age: Years ___ Months ___ Days ___

Sex: Male; Color or Race: White; Birthplace: Annapolis

Married, Single or Widowed: Married; Occupation:

Name of Wife or Husband: Geo W Evans

Father's Name: Geo W Evans; Father's Birthplace: Annapolis.

Mother's Maiden Name: Martha Hodson; Mother's Birthplace: " "

Name of person giving In formation: Geo W Evans; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born; How long:

Immediate: How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Mrs Henson

Address: East port A A County Maryland

Accident or Sulcide?

LIBRARY BUREAU AB8518

Name in Full: Joseph Henry Frontum

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West Annapolis — County: Anne Arundel

Date of death 190[illegible]: Month: June — Day: 23 — Years: Age 64 — Months: 10 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Bridge Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Regata Ellen Frontum

Father's Name: William Frontum — Father's Birthplace: Md

Mother's Maiden Name: Sarah Frontum — Mother's Birthplace: Md

Name of person giving Information: Joseph Frontum — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia 93 — How long: 1 week

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy

Address: Annapolis

Accident or Suicide?

1

LIBRARY BUREAU A89616

Name in Full: Edward C. Gantt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1905 — Month: Jan. — Day: 15th — Years: 68 — Months: — Days: 12

Sex: Male — Color or Race: White — Birthplace: Prince Georges Co.

Occupation: Lawyer — Where Residing If not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Alice P. Gantt.

Father's Name: Benjamin E. Gantt. — Father's Birthplace:

Mother's Maiden Name: Jane Chandler — Mother's Birthplace:

Name of person giving Information: M. L. Edwards — How related to deceased: Friend.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer — How long: Dont Know.

Immediate: Asthenia. — How long: One day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo. Wells.

Address: Annapolis Md

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: Ephriham Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Benfield — County: Anne Arundel — MARYLAND

Date of death: Month 1 — Day 21 — 1905 — Age: Years 66 — Months — Days —

Sex: Male — Color or Race: African — Birthplace: Anne Arundel Co

Occupation: Laborer — Where Residing if not at place of death: Benfield

Married, Single or Widowed: Married — Name of Wife or Husband: Ellen Jane Chisley

Father's Name: Perrie Green — Father's Birthplace: Ant Co

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving In formation: Ellen Jane Green — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La grippe — How long: 2 weeks

Immediate: Clot in the heart — How long: instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E D Joyce

Address: Joshua J Hyde Penn — nothing as coroner — Millersville

Accident or Suicide?

1

LIBRARY BUREAU A88816

Name in Full: Ellen Griffith

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Ehrmansville, (County) Anne Arundel

Date of death: Month January, Day 27th, 1905; Age: Years about 80, Months, Days

Sex: Female; Color or Race: White; Birthplace: Not known

Occupation: Housewife; Where Residing if not at place of death: As above

Married, Single or Widowed: Widow; Name of ~~Wife or~~ Husband: Alfred Griffith

Father's Name: Not known; Father's Birthplace: A.A.Co. Md.

Mother's Maiden Name: Not known; Mother's Birthplace: Not known

Name of person giving Imformation: Wm Smith; How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral hemorrhage; How long: 28 hours

Immediate: Hemiplegia; How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earecksen

Address: Elk Ridge, Md

~~Accident or Suicide?~~

LIBRARY BUREAU AGENTS

Name in Full: Ellen Grose

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sudley — County: Anne Arundel

Date of death 190 0 — Month: Jan. — Day: 18 — Age — Years: 19 — Months: 9 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Anne Arundel Co.

Occupation: Waitress — Where Residing if not at place of death: Sudley

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John W. Grose — Father's Birthplace: Calvert Co.

Mother's Maiden Name: Louisa Magie — Mother's Birthplace: Anne Arundel

Name of person giving Information: John W. Grose Jr. — How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: Not known

Immediate: Cardiac Dilatation — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Madame Cawood M.D.

Address: West River, Md.

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Fannie M. Hall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A a

Date of death 190 5	Month: 1	Day: 5	Age: Years 45	Months: 2	Days:

Sex: Female — Color or Race: White — Birthplace: A a Co

Occupation: — — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Geo. B. Hall

Father's Name: Francis Crandall — Father's Birthplace: —

Mother's Maiden Name: Caroline Blandburg — Mother's Birthplace: —

Name of person giving In formation: Carrie Mitchell — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

1905

1D

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Two weeks

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

1

LIBRARY BUREAU A88616

Name in Full: Mary Harrod

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annlestone — County: Anne Arundel

Date of death 1905 — Month: Jan. — Day: 21 — Years: Age 107 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Calvert Co.

Occupation: — Where Residing if not at place of death: Anne Arundel Co.

Married, Single or Widowed: Widow — Name of Wife or Husband: Prudeer Harrod

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Dennis Harrod — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Age — How long: 15-4

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Madam Cawood M.D.

Address: West River Md.

Accident or Suicide: —

LIBRARY BUREAU A66616



Name in Full: James Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel Co. Md.

Date of death: 1905 Month: Jan 4th Day: Wed

Age: Years: 78 Months: Days:

Sex: Male

Color or Race: Color

Birthplace: Annapolis

Occupation: Army

Where Residing if not at place of death: Relay Sta

Married, Single or Widowed: Widr

Name of Wife or Husband:

Father's Name: Isaac Johnson

Father's Birthplace: Maryland

Mother's Maiden Name: Priscy

Mother's Birthplace: Maryland

Name of person giving Information: Sophia Johnson

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy

How long: Ten days

Immediate: Uremic Poisoning

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

1

LIBRARY BUREAU A66616

Name in Full: Minerva A. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death	Month	Day	Years	Months	Days
1905	Jan.	8	Age 15		

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: School Teacher — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Wm. J. Johnson — Father's Birthplace: Md

Mother's Maiden Name: Julia Jones — Mother's Birthplace: Md

Name of person giving Information: Plummer Hall — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis — How long: one year

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. B. Gantt M. D

Address: Millwood Md

PHYSICIAN OR CORONER

1

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Lucy Eveline Jordan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: 1905 — Month: June — Day: 22

Age — Years: 24 — Months: 9 — Days: 25

Sex: Female — Color or Race: White — Birthplace: Bellefonte Va.

Occupation: Home work — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Clyde W. Jordan

Father's Name: John Herkrader — Father's Birthplace: Virginia

Mother's Maiden Name: Sara Cline — Mother's Birthplace: Virginia

Name of person giving information: C. W. Jordan — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 Yrs

Immediate: Ey Laryngitis — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis B. Heuisler Jr. M.D.

Address: Annapolis Md.

Accident or Suicide: —

1

LIBRARY BUREAU A88816

Name in Full: Jack Keefe

CERTIFICATE OF DEATH

MARYLAND

Died — Town: on Chesapeake Bay — County:

Date of death: Month: Jan. Day: 22 Years: Age 45 Months: Days:

Sex: Male — Color or Race: White — Birthplace:

Occupation: Waterman — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: accidental Drowned — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John N Davis Coroner

Address: Annapolis Md

Accident or Suicide? (over)

LIBRARY BUREAU A66618

"Was supposed to have been drowned and found on the shore."

John N. Davis
Justice of the Peace
acting Coroner

Name in Full: Anne Elizabeth Lowman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A. Co.

Date of death: 190[illegible] Month: Jan. Day: 1

Age: Years: 38 Months: 9 Days: 13

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation: House Wife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: John R. Lowman

Father's Name: Samuel H. Smith

Father's Birthplace: Baltimore

Mother's Maiden Name: Anne R. Essex

Mother's Birthplace: Baltimore

Name of person giving information: John R. Lowman

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetis Mellitus

How long: two yrs (?)

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Alvin Purvis M.D.

Address: 104 Prince Geo. St., Annapolis, Md.

Accident or Suicide?

1

LIBRARY BUREAU A88816

Name in Full: Joseph M. Meade

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Md

Date of death 1905 — Month: Jan 5 — Day: Thurs

Age — Years: — Months: 5 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: Acton Lane

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: Robert Meade — Father's Birthplace: South Rivr

Mother's Maiden Name: Jarquis Peal — Mother's Birthplace: South Rivr

Name of person giving information: Robert Meade — How related to deceased: Father

99

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: Five days

Immediate: Apnoea — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Samuel Parker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bayard's — County: Anne Arundel

Date of death: 1905 — Month: January — Day: 7 — Age: Years — Months: 4 — Days

Sex: Male — Color or Race: Colored — Birthplace: Bayard's

Occupation: — Where Residing if not at place of death: Bayard's

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Samuel Parker — Father's Birthplace: —

Mother's Maiden Name: Susan Young — Mother's Birthplace: —

Name of person giving information: George Parker 92 — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho-pneumonia — How long: ~~—~~ ten days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maclane Cawood M.D.

Address: West River, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Pindall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Benfield — County: A.A.

Date of death: Month: Jan. — Day: 3 — Years: — — Months: — — Days: 2

Sex: Male — Color or Race: Black — Birthplace: A.A. Co -

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Robert Pindall — Father's Birthplace: A.A. Co -

Mother's Maiden Name: Caroline Brown — Mother's Birthplace: A.A. Co

Name of person giving Information: Caroline Pindall — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long: 2 day

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Bryan & M.D.

Address: Millersville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66818

Name in Full: Susie Janetta Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nutwell; County: Anne Arundel

Date of death: Month: Jan; Day: 7; Year: 1905

Age: Years: ; Months: ; Days: 17

Sex: female

Color or Race: White

Birthplace: Nutwell

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Sutton Price

Father's Birthplace: Prince Georges Co.

Mother's Maiden Name: Susie Janetta Nutwell

Mother's Birthplace: Anne Arundel Co.

Name of person giving information: Harry Ebertin Price

How related to deceased: Brother

CAUSES OF DEATH

Primary: Marasmus

How long: Two weeks

Immediate: Exhaustion

How long: 48 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Sydney Starlings M.D.

Address: Leitchs Anne Arundel Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Wm H. Queen

CERTIFICATE OF DEATH

Died at: Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death: Month: Jany — Day: 18 — Year: 1905

Age: 40 — Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation: Laborer

Where Residing if not at place of death: 96 Clay St.

Married, Single or Widowed: widowed

Name of Wife or Husband: Mary Jane Queen

Father's Name: Wm H. Queen

Father's Birthplace: A.A.Co.

Mother's Maiden Name: Martha Ross

Mother's Birthplace: A.A.Co.

Name of person giving information: James Fox

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis & Cirhosis of the Liver — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

1

LIBRARY BUREAU A6881Q

Name in Full: David Randall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sudley — County: Anne Arundel

Date of death 1905 — Month: Jan. — Day: 2 — Years: 80 — Months: — — Days: —

Sex: Male — Color or Race: colored — Birthplace: Calvert Co.

Married or Widowed: widower — Occupation: Farm-hand

Name of Wife or Husband: Betty Randall

Father's Name: David Randall — Father's Birthplace: Calvert Co

Mother's Maiden Name: ?? Brown — Mother's Birthplace: —

Name of person giving information: Charles Hall — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility & Chronic Bronchitis — How long: Several yrs

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Marlene Seawood M.D.

Address: West River Md

Accident or Suicide?

1

LIBRARY BUREAU A89316

0/70/11/26

Name in Full: Ella Elliotte Rerell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fair Haven — County: Anne Arundel

Date of death: Month: Jan. — Day: 31 — 1905

Age: Years: 43 — Months — Days

Sex: female — Color or ~~Race~~: White — Birthplace: Baltimore Md.

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of ~~Wife or~~ Husband: John H. Rerell

Father's Name: Curtis Elliotte — Father's Birthplace: Baltimore Md.

Mother's Maiden Name: Maggie Wheeler — Mother's Birthplace: Baltimore

Name of person giving In formation: John H. Rerell (V) — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER (1)

Primary: Sypho Malarial fever — How long: 7 weeks

Immediate: Prostration — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. Sydney Harlan M.D.

Address: Deitch Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Lillie Smith

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Dale — County: A. A.

Date of death: Month: Jan — Day: 14 — 1905

Age: Years: 33 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Husband: Powell Smith

Father's Name: Joseph Paddy — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: 12 days

Immediate: Heart Exhaustion — How long: 36 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo T Dent

Address: Churchton

Accident or Suicide?

1

LIBRARY BUREAU A66516

Name in Full: Sarah Ann Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arniger P. O. County: Anne Arundel

Date of death: Month: January Day: 1 1905

Age: Years: 68 Months: 6 Days: 3

Sex: Female Color or Race: White Birthplace: Anne Arundel Co. Md.

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Widowed Name of Wife or Husband: Jesse Hunt League (1st Husband) Joseph C. Thomas (2nd Husband)

Father's Name: John D. Merriken Father's Birthplace: Maryland

Mother's Maiden Name: Mary Ann Boone Mother's Birthplace: Maryland.

Name of person giving Information: H. B. Linthicum How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Uteri How long: 2 years 6 months

Immediate: Cancerous Cachexia How long: 3 weeks

42

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: James S. Billingslea M.D.

Address: Arniger Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Thomas Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harwood — County: A A

Date of death 190 — Month: June — Day: 28 — Age: Years: 65 — Months: — Days: —

Sex: Male — Color or Race: color — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving Information: Morris Talbert — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 4 days

Immediate: Respiratory failure — How long:

Are the name, age, sex, color, date and place correctly given above? J. & L.

Signature of Physician: Madame Cawood M.D.

Address: West River, Maryland

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Gobie Lydings

CERTIFICATE OF DEATH

Died at: Town: Annapolis County: Anne Arundel MARYLAND

Date of death: Month: January Day: 5 Years: 7 Months: 11 Days:

Sex: Female Color or Race: Colored Birthplace: Annapolis

Occupation: scrol Girl Where Residing if not at place of death: 28 Acton Lane

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Lydings Father's Birthplace: aaco.

Mother's Maiden Name: Martha Burgis Mother's Birthplace: aaco

Name of person giving information: Martha Lydings How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: Months

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A00818

Name in Full: Laura E. Way

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lake shore — County: anne arundel

Date of death 1905 — Month: Jan — Day: 16 — Age: Years: 50 — Months: — Days:

Sex: Female — Color or Race: white — Birthplace: Talbot Co md

Occupation: Housewife — Where Residing if not at place of death: Lake shore a a Co md

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Way

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Chas H. Way — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer — How long: 2 years

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. H. Corrane M.D.

Address: Annapolis Md

Accident or Suicide?

45

LIBRARY BUREAU A66516

Name in Full: John Welch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South River; County: Anne Arundel

Date of death 1907: Month: Jan; Day: 24

Age: Years: 24; Months; Days

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: William Welch

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Frances Groll

Mother's Birthplace: A. A. Co.

Name of person giving In formation: Mrs. Dalfie Perry

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis

How long: 9 months

Immediate: Exhaustion

How long:

27

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md.

Accident or Sulcide?

1

LIBRARY BUREAU A8661G

Name in Full: Jessie Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: South River — County: Anne Arundel

Date of death: Month: Jan — Day: 24 — 1905

Age: Years: 21 — Months — Days

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death: South River

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Antony Wilson

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Lyma Hoodles

Mother's Birthplace: A. A Co.

Name of person giving information: Antony Wilson

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever — How long: 3 weeks

Immediate: Perforation — How long: 1 day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md.

Accident or Suicide?

1

LIBRARY BUREAU A66816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sarah Wood

Died at: Town: Friendship County: A. A.

Date of death 1905: Month: Jan Day: 5

Age: Years: 44 Months: Days:

Sex: Female Color or Race: White Birthplace: Friendship

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Robert Wood

Father's Name: Thomas Leibel Father's Birthplace: Friendship

Mother's Maiden Name: Esther Hopper Mother's Birthplace: MD

Name of person giving information: Mary Duckins How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

54

Primary: Anaemia How long: Several Months

Immediate: Heart Failure How long: Few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Brayshaw

Address: Friendship Md.

Accident or Suicide?

LIBRARY BUREAU A66616